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This collection of information is required by 37 CFR 1.414 and 1.491-1.492. The information is required to obtain or retain a benefit by the public, which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 15 minutes to complete, including gathering information, preparing, and submitting the completed form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| U.S. APPLICATION NO. (if known, see 37 CFR 1.5) | | INTERNATIONAL APPLICATION NO. PCT/US2004/027943 | | ATTORNEY'S DOCKET NUMBER 24852-501-CIP5-NATL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. The following fees are submitted: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td>a) Basic national fee.....</td> <td style="width: 10%;">\$300.00</td> <td style="width: 10%;">Applicant use</td> <td style="width: 10%;">Office use only</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>b) Examination fee.....</td> <td>\$200.00</td> <td>\$ 300.00</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>c) Search fee.....</td> <td>\$500.00</td> <td>\$ 200.00</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL OF ABOVE CALCULATIONS =</td> <td colspan="2" style="text-align: right;">\$1000.00</td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof. </td> </tr> </table> | | | | | | <input checked="" type="checkbox"/> | a) Basic national fee..... | \$300.00 | Applicant use | Office use only | <input checked="" type="checkbox"/> | b) Examination fee..... | \$200.00 | \$ 300.00 | | <input checked="" type="checkbox"/> | c) Search fee..... | \$500.00 | \$ 200.00 | | TOTAL OF ABOVE CALCULATIONS = | | | \$1000.00 | | | <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof. | | | | | | | | |
| <input checked="" type="checkbox"/> | a) Basic national fee..... | \$300.00 | Applicant use | Office use only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | b) Examination fee..... | \$200.00 | \$ 300.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | c) Search fee..... | \$500.00 | \$ 200.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL OF ABOVE CALCULATIONS = | | | \$1000.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Sheets | Extra sheets | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105 - 100 = | 5 /50 = | 1 | x \$250.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">CLAIMS</td> <td style="width: 10%;">NUMBER FILED</td> <td style="width: 10%;">NUMBER EXTRA</td> <td style="width: 10%;">RATE</td> <td colspan="2" style="width: 20%; text-align: right;">\$</td> </tr> <tr> <td>Total claims</td> <td>20 - 20 =</td> <td>0</td> <td>x \$50.00</td> <td colspan="2">\$ 0.00</td> </tr> <tr> <td>Independent claims</td> <td>1 - 3 =</td> <td>0</td> <td>x \$200.00</td> <td colspan="2">\$ 0.00</td> </tr> <tr> <td colspan="3" style="text-align: right;">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td style="text-align: right;">+ \$360.00</td> <td colspan="2" style="text-align: right;">\$ 0.00</td> </tr> <tr> <td colspan="6" style="text-align: right;">TOTAL OF ABOVE CALCULATIONS =</td> </tr> </table> | | | | | | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | \$ | | Total claims | 20 - 20 = | 0 | x \$50.00 | \$ 0.00 | | Independent claims | 1 - 3 = | 0 | x \$200.00 | \$ 0.00 | | MULTIPLE DEPENDENT CLAIM(S) (if applicable) | | | + \$360.00 | \$ 0.00 | | TOTAL OF ABOVE CALCULATIONS = | | | | | |
| CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total claims | 20 - 20 = | 0 | x \$50.00 | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent claims | 1 - 3 = | 0 | x \$200.00 | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable) | | | + \$360.00 | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL OF ABOVE CALCULATIONS = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ 1,250.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by $\frac{1}{2}$. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ 1,250.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)). + | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL NATIONAL FEE = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ 1,250.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property + | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL FEES ENCLOSED = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ 1,250.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Amount to be refunded:</td> <td style="width: 50%; background-color: #cccccc;"></td> </tr> <tr> <td colspan="2" style="text-align: right;">\$</td> </tr> <tr> <td colspan="2" style="text-align: right;">Amount to be charged</td> </tr> <tr> <td colspan="2" style="text-align: right;">\$</td> </tr> </table> | | | | | | Amount to be refunded: | | \$ | | Amount to be charged | | \$ | | | | | | | | | | | | | | | | | | | | | | | |
| Amount to be refunded: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount to be charged | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. <input checked="" type="checkbox"/> A check in the amount of \$ <u>1,250.00</u> to cover the above fees is enclosed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>50-0311</u> . A duplicate copy of this sheet is enclosed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEND ALL CORRESPONDENCE TO: Ivor R. Elrifi Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. Chrysler Center 666 Third Avenue New York, New York 10017 United States of America | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  SIGNATURE Leslie A. Serunian NAME 35,353 REGISTRATION NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------|
| INTERNATIONAL APPLICATION NO. PCT/US2004/027943 | INTERNATIONAL FILING DATE 26 August 2004 | PRIORITY DATE CLAIMED. 26 August 2003 |
| TITLE OF INVENTION METHODS OF TREATING CANCER WITH HDAC INHIBITORS | | |
| APPLICANT(S) Nicholas G. BACOPOULOS, <i>et al.</i> | | |

Mail Stop PCT
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

VERIFIED CERTIFICATION OF EXPRESS MAILING DATE

I declare that on 10 February 2006, the following paper(s) and/or fee(s) were deposited with the United States Postal Service in an envelope "Express Mail, Post Office to Addressee", bearing Express Mail Label No. EV 452426523 US, and addressed to "Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450":

- Form PTO-1390 (2 pgs.);
- Preliminary Amendment (7 pgs.);
- Combined Declaration and Power of Attorney, unexecuted, (4 pgs.);
- Check No. 3029 in the amount of \$1,250.00 to cover filing fee; and
- Return Receipt Postcard

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application of any patent issuing thereon.

Leslie A. Serunian

Typed or Printed Name of Person Making This Verified Statement

Leslie A. Serunian

Signature of Person Making This Verified Statement

Date: February 10, 2006Correspondence Address

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